

POLICY STATEMENT WEST VIRGINIA BOARD OF MEDICINE

**RE: GUIDELINES FOR PHYSICIANS IN COLLABORATIVE RELATIONSHIPS
WITH ADVANCED NURSE PRACTITIONERS OR CERTIFIED NURSE MIDWIVES;
STANDARD OF PRACTICE.**

PREAMBLE

The West Virginia Board of Medicine derives its authority from the provisions of the West Virginia Medical Practice Act, West Virginia Code §30-3-1, et seq. The Board's responsibilities include licensure and professional discipline of physicians, podiatrists, and physician assistants. West Virginia Code §30-3-7(a)(1) gives the Board of Medicine the authority to adopt rules necessary to carry out the purposes of the Medical Practice Act.

The Board of Medicine has adopted ten (10) series of rules, and within Board Rule 11 CSR 1A it is established at 12.2(g) that dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public or any member thereof, includes:

**FAILING TO MEET THE STANDARD OF PRACTICE IN CONNECTION
WITH ANY SUPERVISORY AND/OR COLLABORATIVE AGREEMENT
WITH ANY CATEGORY OF HEALTH PRACTITIONER.**

Because discipline may be imposed for such dishonorable, unethical or unprofessional conduct, the Board has determined that it is reasonable, necessary and in the public interest, which the Board of Medicine is required to protect, to adopt the following policy detailing what it considers to be the standard of practice, to inform and educate physicians in collaborative relationships as to what the West Virginia Board of Medicine considers to be the responsibilities of such physicians.

POLICY STATEMENT

It is the Board of Medicine's opinion that the physician shares responsibility for the collaborative relationship at all times. The standard of practice for a physician entering into a collaborative relationship with an advanced nurse practitioner under the provisions of article seven of chapter thirty of the West Virginia Code or with a certified nurse-midwife under the provisions of article fifteen of chapter thirty of the West Virginia Code is:

- A. The physician should be permanently and fully licensed in this state without restriction or limitation;
- B. There should be a written collaborative agreement which should include, but not be limited to, the following:

- (1) Mutually agreed upon written guidelines or protocols for prescriptive authority as it applies to the advanced nurse practitioner's or certified nurse-midwife's clinical practice;
- (2) Statements describing the individual and shared responsibilities of the advanced nurse practitioner or certified nurse-midwife and the physician pursuant to the collaborative agreement between them;
- (3) Periodic and joint (written, face to face and person to person) evaluation of prescriptive practice at least on an annual basis;
- (4) Periodic and joint (written, face to face and person to person) review and updating of the written guidelines or protocols at least on an annual basis;
- (5) Outline of specific medications that may require more stringent oversight by the physician. Medications requiring such oversight include but are not limited to medications such as human teratogens and medications requiring blood level monitoring;
- (6) The physician should sign and date the collaborative agreement and the physician should maintain a copy of the collaborative agreement at all times;

C. Other Considerations:


- (1) No physician should enter into a collaborative agreement with an advanced nurse practitioner whose specialty is not the same or similar to that of the physician;
- (2) Subject to the provisions of section seven, article fifteen of chapter thirty of West Virginia Code, the physician should be qualified in the same or similar specialty as the certified nurse-midwife;
- (3) The collaborative agreement should not include medications that the physician does not use in his or her current practice and about which the physician is not knowledgeable and competent;
- (4) Prior to entering into any collaborative agreement, the physician should review and be familiar with the provisions of 19 CSR 8 which relate to restrictions on prescribing by advanced nurse practitioners and certified nurse-midwives;
- (5) The physician may require more stringent restrictions in a collaborative agreement on substances which may be prescribed by the advanced nurse practitioner or certified nurse-midwife than those authorized by 19 CSR 8;
- (6) It is strongly recommended that a physician should not enter into and participate in collaborative agreements with a total of more than three advanced nurse practitioners or certified nurse midwives, or their full-time equivalents, except in a hospital, clinic organized in whole or in part for the delivery of health care services without charge for indigent or needy patients, or at a federally qualified health center site, a physician should enter into and participate in collaborative agreements with a total of no more than four advanced nurse practitioners or certified nurse midwives or their full-time equivalents;
- (7) Prior to entering into any collaborative agreement, the physician should consider all of the following when determining what degree of autonomy should be given to any advanced nurse practitioner or certified nurse-midwife:
 - a. The physician's personal knowledge of and ability to observe the practice of the advanced nurse practitioner or certified nurse midwife;
 - b. The scope of practice of the advanced nurse practitioner or certified nurse-midwife;
 - c. The patient population of the advanced nurse practitioner or certified nurse-midwife;

- d. The physician's professional confidence in the degree of discretion allotted to the advanced nurse practitioner or certified nurse-midwife;
- e. The educational training of the advanced nurse practitioner or certified nurse-midwife relating to the subject medications;
- f. The physician's ability to effectively assess the professional ability of the advanced nurse practitioner or certified nurse-midwife to appropriately prescribe the subject medications;
- g. The professional experience of the advanced nurse practitioner or certified nurse-midwife in a setting where the subject medications are utilized;
- h. The physician's knowledge of and experience with the medications being authorized by the collaborative agreement; and
- i. The geographic location of the physician's practice and the practice of the advanced nurse practitioner or certified nurse-midwife, and their ability to consult in a manner consistent with safe patient care.

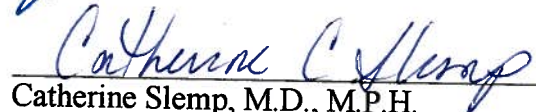
Failure of the physician to adhere to these minimum requirements and guidelines may result in discipline imposed for unprofessional, unethical, dishonorable conduct pursuant to provisions of Board of Medicine Rule 11 CSR 1A.

Adopted by:

WEST VIRGINIA BOARD OF MEDICINE



John A. Wade, Jr., M.D.
President



Catherine Slemp, M.D., M.P.H.
Secretary

Date: May 10, 2010